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ABSTRACT

Discussions of accreditation and certification in the field of education often draw examples from law and medicine. In these analogical arguments, two assumptions are commonly made: first, that education is similar and comparable to law and medicine, and second, that accreditation and certification practices in the legal and medical fields are demonstrably effective. The first premise is almost always attacked by critics, but it is the second premise--the assumed effectiveness of accreditation and certification practices in law and medicine--that is especially questionable. Evidence of why the second premise is either false or undecidable is presented here in detail. (Author)

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ANALOGY AND CREDENTIALLING

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Analogy and Credentialling

Robert E. Floden *

Introduction

Comparisons are often drawn between education and the professions of law and medicine. Debates about the implications of such comparisons frequently revolve around the status of education as a profession, but these comparisons may have more serious flaws; the descriptions of law and medicine may be misleading or even inaccurate. The particular comparisons discussed here regard the credentialling procedures of accreditation and certification.

Accreditation and certification are procedures through which an agency determines whether an institution or individual has met certain standards. Institutions are accredited; individuals are certified. In education, accreditation is performed by a private organization. If a similar procedure is performed by the state government, it is known as state program approval. Certification in education is carried out by the state government. In many professions, certification is carried out by a private organization; when carried out by the state, the procedure is called licensing. Although differences exist among accreditation, state program approval, certification, and licensing, these pro-

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cedures have similar purposes and general structures. In this paper, they will be treated under the general rubric, credentialling; to consider each procedure separately would be to lose in clarity what is gained in precision.

The purposes of credentialling within any profession fall into three major categories: protection of the public, stimulation of improvement, and advancement of the profession. The public is protected if credentialling screens out inadequate schools and incompetent practitioners. Institutions and individuals already meeting minimum standards may be stimulated to further improvement by credentialling procedures. The profession may gain status and other benefits by raising the overall quality of its members and by advertising responsible intra-professional quality control.

Protection of the public is the only credentialling purpose that will be explicitly considered in this paper. This purpose is generally considered the most important, with greater emphasis in the professions than in general education (Orlans, 1975). Accreditation of entire universities, for example, is directed at stimulation of institutional improvement. The arguments made below have application, mutatis mutandis, to the second and third purposes, but complete exposition of all three purposes would complicate the discussion.

Law, Medicine, and Teacher Education

Partly because of their early credentialling efforts, and partly because of their longstanding prestige, law and medicine contribute the greatest number of examples to discussions of credentialling in

education. These examples, often used in analogical arguments advocating particular credentialling procedures, rest upon two assumptions: first, that education is similar to these fields, and second, that accreditation practices in the legal and medical fields are demonstrably effective. While both premises are doubtful, it is the second one -- the assumed effectiveness of accreditation and certification practices in law and medicine -- that is especially questionable.

Lieberman (1956), for example, argues for practitioner control of accrediting in education.

> Why not an accrediting agency under the control of the practitioners? This is the type of agency which prevails in medical education, and it is generally conceded that doctors have the most effective of all accrediting agencies. (p. 167)

Lieberman explicitly describes the good effects of practitioner control in medicine and implies the similarity between medicine and education.

Analogical arguments are often elliptical, sometimes merely stating the existence of a practice in an honored profession and concluding that the practice should be adopted in education. Lieberman's argument might be expanded as follows (P = premise, C = conclusion):

(P1) Practitioners control the medical accrediting agency.

(P2) Practitioner control is successful in medicine.

(P3) Education is similar to medicine in aspects relevant to the design of an accreditation agency.

(c) Therefore, practitioner control would be successful in education.

Although this argument is not, strictly speaking, deductively valid, it seems reasonable and might be considered, ceteris paribus, a strong argument for the adoption of practitioner control in education.

Skeptics will question (P3), particularly emphasizing the vagueness

of "similar" and "aspects relevant to the design of an accreditation agency." In this light, supporters of analogical arguments have often followed Lieberman's lead by referring to the concept of profession. Medicine is assumed to be a profession; if education is also a profession, then it is similar in the relevant aspects. Skeptics have responded by challenging the professional status of education, and even Lieberman had his doubts.

Examining Lieberman's argument in expanded form shows that "professionalism" is related to the validity of the argument only if (P2) is true. This premise is generally ignored, with all attention directed toward the question of professional status. Yet, the truth of (P2) is doubtful, i.e., it is not clear that practitioner control has been successful in medicine.

The State of Credentialling in Law and Medicine

Little evidence is available to illustrate the success of medical and legal credentialling practices, and current practices are even criticized within these professions. Assertions about the benefits of credentialling reaped by other professions are based on incomplete evidence. In most cases, the value of the procedures is just not known. This lack of knowledge is due, in part, to the recency of interest in the question, but a large part of it can be attributed to the difficulty of assessing credentialling procedures.

Many of those citing the success of credentialling in other fields have found the grass greener there, but they have seldom examined the color carefully or asked the members of other fields where <u>they</u> per-

ceived the greenest grass. A closer look at credentialling in law and medicine reveals that: (1) the credentialling practices in these professions are currently criticized and under revision, and (2) the beneficial aspects of the current and previous accreditation practices have seldom, if ever, been documented.

Lieberman (1956) provides classic evidence of the use of medical examples with insufficient attention to detail. He refers to medicine to support his argument for the presence (if not dominance) of professionals on licensing and accrediting boards.

> At the time of the Flexner report, doctors were expressly prohibited from serving on state boards which licensed doctors. The assumption was that a person should not be a member of a licensing agency to which he would be subordinate in his occupational status. Flexner saw very clearly that these prohibitions weakened professionalization at a most strategic point. They resulted in the undesirable situations whereby the professional persons, who had the most knowledge about various matters affecting the professions, were the only ones who could not be on boards empowered to make decisions on these matters. Such a separation of knowledge and power was disastrous for both the public and professional interest. Flexner recommended that the state boards regulating the medical profession include the best elements of the profession. Today... every medical licensing board in the United States is dominated by physicians. (p. 182)

What Lieberman attributes to Flexner may be accurate (he gives no specific reference), but it is certainly only part of the story. In accreditation, Flexner (1960)* insists that members of the profession play little part in the process.

> The expert has his place, to be sure; but if I were asked to suggest the most promising way to study legal education, I should seek a layman, not a professor of law; or for the sound way to investigate teacher training, the last person I should think of employing would

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*Flexner's autobiography, I Remember, was originally published in 1940. A revised edition was published in 1960.

> be a professor of education. Dr. Pritchett (the president of the Carnegie Foundation and sponsor of the Flexner report) was right; even though I might well have been the wrong choice, the proper person to study medical education was a layman with general educational experience, not a professor in a medical school.(p.71).

Flexner was offered the assistance of an advisory committee from the American Medical Association, but he declined the offer. After completing the report, he was glad he had not received any such assistance. Contrary to Lieberman's belief in the necessity for professional expertise, Flexner believed that lay knowledge was sufficient for the task of examining professional education. "Time and again it has been shown that an unfettered lay mind, if courageous, imaginative, and determined to master relationships, is, in the very nature of things, best suited to undertake a general survey (such as the study of medical education)" (Flexner, 1960, p. 71). Lieberman's reference to Flexner to support his own position represents a case in which unfamiliarity with the situation can lead to a distortion of that situation. (For more examples of such distortions of Flexner's position see Floden, 1978.)

Analogical arguments incorrectly assume that doctors and lawyers are satisfied with credentialling in law and medicine. In law, the procedures for licensing (admission to the bar) are currently under attack in several states. Among other challenges is the contention that the procedures have no relationship to successful law practice. As part of a new effort to improve licensing procedures, the Association of American Law Schools and the American Bar Association have begun a project to measure the quality of legal practice.

In medicine, similar efforts are being made to relate licensing procedures to the quality of medical practice. One of the initial steps in this direction has been the development of tests built around specific skills in one medical speciality (Maatsch, Krome, Sprafka, & MacLean, 1976).

The doubts about credentialling expressed by members of these professions are partly the result of legal requirements to demonstrate credentialling's positive effects (Huff, 1974). When the legal challenges arose, lawyers and doctors realized that they had little, if any, evidence that the procedures accomplished any good purpose. Recent work continues to define the problem more clearly. What evidence does exist suggests that accreditation does little to improve the education of professionals (Tyler, 1977) and that licensing may do more than increase salaries by reducing supply (Frech, 1974; Bush & Enemark, 1975).

While educators bemoan the lack of research to support credentialling practices in education (Zook & Haggerty, 1936; Maucker, 1962; Dickey & Miller, 1972; Study Commission on Undergraduate Education and the Education of Teachers, 1976), they often assume that the situation in law and medicine is better. If anything, however, these older professions have been looking to education for hints on how the appropriate research into credentialling procedures might be conducted. Although Performance Based Teacher Education (PBTE) has not been a universally acclaimed success in education, law and medicine have begun to adopt related ideas in their new licensing plans.

Conclusions

Arguments by analogy are based on two assumptions: (1) the two cases are sufficiently similar for the point to hold in the new case, and (2) the point to be made holds in the comparison case. In credentialling, arguments by analogy to law and medicine have often been attacked and defended with reference to the first assumption. In particular, this assumption has been transformed into the assumption that education is a profession in the same sense that law and medicine are professions. It has been tacitly assumed that this assumption follows from the common professional status.

In this paper, the first assumption has been ignored in favor of the second. If the assumption that credentialling procedures in law and medicine are effective is false, then all the arguments fall through regardless of whether or not the first assumption holds.

It has been demonstrated here that the second assumption is either false or doubtful. Authors who have attempted to provide specific references to the worth of credentialling in other professions have not checked far enough into the examples they cite. The examples instead suggest that credentialling practices are questioned as much in law and medicine as they are in education. Attempts to locate research information on the effectiveness of credentialling procedures are generally fruitless.

What, then, should be done about credentialling in education? Should it be abandoned altogether? Should the field of education attempt to develop its own practices without reference to situations in other professions? Can anything be done to improve credentialling process in

education? The major lesson to be learned from examining analogical arguments is that no sweeping statements can be made about all the procedures in any profession, even professions as highly respected as law and medicine. A similar point could be made about the assumption that law and medicine are sufficiently similar to compare with education. No concept as broad as professional status can support an analogy between all credentialling procedures in two professions.

Each credentialling procedure in another field must be considered separately to determine how successful the specific procedure has been. At the very least, the popularity of the procedure can be determined. This judgment of popularity should not be made on a general level, however, for any procedure will undoubtedly be well liked in some situations and hated in others (cf. Cronbach, 1975). An examination of the successes and failures -- and the settings in which each has occurred -- may give some indication of how the procedure might be received in education.

It is also a mistake to think that any one credentialling procedure would be equally successful in all educational institutions. If it is possible to implement some procedures in selected sites, the individual characteristics of each site may be compared to the site characteristics of winners and losers in other fields. If the procedure must be universally implemented to be installed at all, consideration should be given to the number and location of university sites with characteristics comparable to sites in the other professions. It is important to note that the major characteristics of various sites may be quite unrelated to professional status. They may be factors such as median

age of college faculty, size of city in which the institution is located, and distance from the nearest competitor. Furthermore, site characteristics may vary from procedure to procedure, even within the domain of credentialling.

Perhaps it is possible to make arguments for analogy between credentialling procedures in education on one hand and procedures in law and medicine on the other. The arguments currently in vogue, however, do not have premises or assumptions which can be taken seriously; they are too broadly constructed to be generally valid. Those who argue that credentialling in education should follow the procedures used in law and medicine will have to suggest alternative reasons.

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